



Creativity and Connections

*Building the Framework for the Future of
Nursing Education and Practice*

A Report from the
Invitational Working Session

March 23–24, 2006

Worcester, Massachusetts



CREATIVITY AND CONNECTIONS:

*Building the Framework for the Future of
Nursing Education and Practice*

**Board of Higher Education and
Massachusetts Organization of Nurse Executives**

with

Board of Registration in Nursing
Commission on Collegiate Nursing Education
Community College Health Deans
Massachusetts Association of Colleges of Nursing
Massachusetts Center for Nursing
Massachusetts/Rhode Island League for Nursing
National League for Nursing Accrediting Commission

Executive Summary

OVERVIEW

Nursing education today stands at the intersection of two powerful forces. The first is a worsening workforce shortage in the field and severe limitations on the capacity to educate new nurses. The other is growing public and legislative concerns about increasing access to healthcare services, improving the quality of healthcare, and enhancing patient safety. Alongside these forces, there are significant differences between the more traditional patient expectations of nurses for direct care and personal support and the increasingly complex healthcare industry demands on nurses. These demands go across the spectrum of delivering nursing care from acute settings to long-term care and home health care.

In the face of these pressures, the question of how to better educate the nurse of the future becomes vitally important. The responses to this question must be framed in a context that integrates the concerns of both the educational setting and the environment of nursing practice. Accordingly, the Massachusetts Board of Higher Education (BHE)

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and the Massachusetts Organization of Nurse Executives (MONE) on March 23 and 24, 2006, convened a facilitated working session titled *Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice*. This invitational session brought together 32 experienced professionals from the major statewide stakeholders in nursing education and practice. These included

nurse executives from a variety of facilities; educators from across the segments of public and private higher education and across all degree levels; and representatives from the Board of Higher Education, the Board of Registration in Nursing, the Massachusetts Center for Nursing, and other national accrediting agencies.

CONFERENCE SUMMARY

The conferees heard from several regional and national nursing education and practice leaders who shared innovative national and state models for redesigning nursing education and supporting transition into practice. The group considered some of the best practices in Massachusetts nursing education and clinical settings and agreed that an underlying value was the need to ensure that all segments of nursing education and practice sectors are represented in the work going forward.

One important outcome of the conference was the development of the following mission statement for future work. The participants agreed to establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus on competencies that include transitioning nurses into their practice settings.

Although participants represented a wide range of perspectives on nursing education and practice, they developed the mission statement through consensus on the following top priorities:

- *Creation of a seamless progression through all levels of nursing education*
- *Development of sufficient consensus on competencies to serve as a framework for educational curriculum*
- *Development of a statewide nurse internship/preceptor program*
- *Assessment of the Commonwealth's patient demographics and needs*
- *Establishment of a formal coalition to foster continuing commitment to partnerships between nursing education and practice*

In addition, the group identified a set of secondary priorities:

- *Increasing the number of qualified faculty*
- *Engagement of campus and practice leadership*
- *Regionalized simulation for use by both practice and academia*
- *Translation of competencies into curriculum*
- *Review of outcomes of other state models*

The participants agreed to meet after the working session to develop a set of competencies for nursing education and practice in the Commonwealth and to identify resources for the work. It was agreed that the stakeholders that must be more closely involved going forward are nursing faculty, directors of schools of nursing, and nursing educators from practice settings. To organize this work, the participants defined task workgroups and guiding principles.

These task subcommittees for future work were proposed:

- *Planning/Steering*
- *Competency Identification*
- *Transition into Practice*
- *Technology/Simulation*

SUMMARY EVALUATION

A core objective of the BHE and MONE in convening this working session was to foster continuing partnerships between nursing education and practice. The uniformly positive evaluation response speaks to the commitment of the participants. This working session has provided the best opportunity for academics and nurse practitioners to plan a coordinated revamping of nursing education. The following detailed report on the proceedings of the working session communicates both the excitement generated by the session and the content of the discussions. The working session was intellectually engaging and contributed to a continuing spirit of collaboration among the participants, but its true value will be realized only if the work leads to the development and implementation of a new model for nursing education in the Commonwealth.

Introduction

On March 23 and March 24, 2006, the Massachusetts Board of Higher Education (BHE) and Massachusetts Organization of Nurse Executives (MONE) sponsored a groundbreaking working session titled *Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice* in Worcester, Massachusetts.

This workshop brought together more than 30 nurse leaders from academia, service, the Board of Registration in Nursing, and other regulatory sectors. The purpose of the conference was to examine models and strategies for redesigning nursing education in Massachusetts and to support nurses' transition to practice.

The participants included representatives of:

- *Massachusetts Board of Higher Education*
- *Massachusetts Organization of Nurse Executives*
- *Massachusetts Board of Registration in Nursing*
- *Massachusetts Community College Health Deans*
- *Massachusetts Association of Colleges on Nursing*
- *Massachusetts Center for Nursing*
- *Massachusetts/Rhode Island League for Nursing*
- *Commission on Collegiate Nursing Education*
- *The National League for Nursing Accrediting Commission*

The working session was facilitated by nursing scholar and author, Phyllis Beck Kritek, R.N., Ph.D., FAAN. The first day was designed for speakers to share information on innovative national and state models. This work served as a stimulus for the second day's group work that culminated in a series of brainstorming sessions. In these sessions participants identified priorities for action and produced a set of recommended next steps for Massachusetts.

A planning committee representing the participating organizations structured the working session. The committee selected the speakers to provide a national view on the future of nursing education and practice. The following overarching goals as a framework for the session:

Goals: To provide a sufficient number of well-prepared nurses by:

- *Developing a mutual understanding of the competencies needed for the nurse of the future and a methodology for measurement of these competencies.*
- *Identifying the action steps needed to develop:*
 - *Nursing education curriculum that aligns with the nurse of the future competencies.*
 - *A unified educational framework that allows a seamless progression through nursing degrees within the state.*
- *Identifying the programs and systems needed to more effectively transition nurses into practice.*
- *Developing a plan for fostering continuing partnerships between nursing education and practice.*

The speaker biographies, full list of participants and list of the planning committee members are included on pages 20 to 24.

Overview of First Day Presentations



WELCOME

***Judith I. Gill, Ph.D. Janet Madigan, M.S., R.N., CNAA
David McCauley Karen O. Moore, R.N., M.S., FACHE***

Welcome remarks were given by Chancellor Judith Gill and MONE President Janet Madigan. David McCauley, Deputy Chancellor of the BHE, and Karen Moore, past President of MONE, and discussed aspirations for the conference and opportunities for realizing those aspirations. In a dialogue with participants the following common “hopes” were identified.

Hopes Summary:

- *Clear direction for the future; a firm plan and commitment*
- *Partnerships and bridge-building*
- *Listening and learning about new models for the classroom*
- *Foundation building to improve the quality of healthcare*
- *Looking at creative partnerships and how to do the job more effectively*
- *Creative and supportive ideas between practice and faculty*



AN INVITATION TO THE PROCESS

Phyllis Beck Kritek, Ph.D., R.N., FAAN



Dr. Phyllis Kritek, author of *Negotiating at an Uneven Table*, brought many years of experience facilitating conflict resolution and leadership in gender and communications workshops. Dr. Kritek launched the conference with a definition of her role as facilitator: to create the conditions for the group to reach the outcomes they want. She further defined her role to keep the group on task and outlined the process for success and collaborative outcomes. Dr. Kritek encouraged participants to listen actively, to speak with respect, to look at the economy of language and identify what is essential. To set the tone for the working session, Dr. Kritek conducted an exercise asking the group what they expected to achieve by the conclusion of the conference.

Expectations Summary:

- *Partnership and bridge-building*
- *Clear plan to improve the quality of health care*
- *How the accrediting body can be more supportive*
- *Decreasing of barriers*
- *Alternative learning environments*
- *Residency concept for nursing*
- *Clinical placements that welcome students*
- *Competency identification*
- *Diversity of nursing students and faculty*
- *A plan for transition into practice*
- *Support for student success*
- *Clearly defined levels of practice re: competency and practice*
- *Process for monitoring outcomes*
- *Continuous forum for discussion*



PREPARING FOR THE FUTURE ONE STEP AT A TIME

Pamela Austin Thompson, M.S., R.N., FAAN

Pam Thompson's breadth of experience in the national dialogue on the myriad issues facing health care provided an informed guide to frame the discussions and plans for the future of nursing education and practice in Massachusetts. Ms. Thompson provided an overview of the work by the American Organization of Nurse Executives (AONE) to describe health care in the future and, more specifically, the nurse of the future. Since 2000, AONE has approached the workforce issue from a systems perspective and created a model to guide the national dialogue concerning workforce shortage and issues pertaining to workforce. The AONE model focuses on six domains that encompass the future work environment of healthcare.

These six domains have initiatives developed to address their particular issues. The domains are:

- *Legislative and regulation*
- *Delivery systems*
- *Technology*
- *Work environment*
- *Financing*
- *Education*

Ms. Thompson noted that change in any domain will affect the entire system.

AONE used three guiding principles to define the patient care delivery system of the future. These guiding principles included defining: the work of the future; the roles,

“This educational preparation will prepare the nurse of the future to function as an equal partner, collaborator, and manager of the complex patient care journey that is envisioned by AONE.”

competencies and credentials needed to do that work; and the education required to fill the roles. In 2000, the solution to the shortage was felt to be “get more nurses into the system.” AONE predicted that if we only addressed one part of the system, we would not achieve the goal.

Ms. Thompson explained that often we look at only the supply side—increasing number of nurses—but we need to look at the demand side, too. If we know we are going to have a smaller workforce, how can we change the delivery system for the workforce we have? In 2010, there will not be enough healthcare workers.

Ms. Thompson explained that for dramatic change, revolutionary thinking is imperative; we must be prepared to act now. The core values of nursing of the future will be caring and knowledge. The knowledge base of the nurse will shift from “knowing a specific body of knowledge” to “knowing how to access the ever-changing information needed to manage care.” Processing information accessed will expand the nurse’s use of “critical thinking” to “critical synthesis” and negotiating care across multiple levels, disciplines and settings. Relationships with patients will be dramatically altered by the increased application of technology, requiring that we further define the relationship context as being “virtual” or “physical” and knowing when each is required. The ultimate future work of the nurse will be to partner with the patients/clients to help them manage their individual journey of care.

Ms. Thompson went on to share the AONE position that the education of the nurse of the future is at the baccalaureate level. As she stated, “this educational preparation will prepare the nurse of the future to function as an equal partner, collaborator, and manager of the complex patient care journey that is envisioned by AONE. Given that the role of the nurse will be different, it is assumed that the baccalaureate curriculum will be reframed.”

AONE will continue to convene dialogues to explore how representatives from practice, education and research can collaborate and focus their expertise to explore the multiple templates that exist now and promote the possibilities to create more baccalaureate prepared nurses. Examples given include community colleges granting baccalaureate degrees and university/community college consortiums. Ms. Thompson concluded by emphasizing that there is a need for ongoing discussions to achieve this goal.



NATIONAL COUNCIL OF STATE BOARDS PERSPECTIVE: EVIDENCE-BASED ELEMENTS OF NURSING EDUCATION

Nancy Spector, D.N.Sc., R.N.

Dr. Nancy Spector's work with the National Council of State Boards of Nursing (NCSBN) and her recognized expertise as a resource on nursing education issues across the country provided the framework for her presentation. She began by saying that she has the "best job in the world" because of her passion for nursing education.

Dr. Spector presented the findings of NCSBN's recent study, *Elements Study*, of new nurses and the basic nursing education programs from which they graduated. The purpose of the study was to identify the relationship between how nurses perceived their academic preparation for entry-level practice during the first 12 months of licensure and particular characteristics of the nursing education programs from which they graduated. These characteristics included the curriculum, didactic and clinical learning experiences, and faculty preparation and interaction with students. Dr. Spector also presented a brief overview of NCSBN's research initiatives since 2001, noting that member boards and state legislatures have identified the need to employ evidence-based regulatory standards in the approval of basic nursing education programs. Dr. Spector noted that the Institute of Medicine, in its 2003 report, *Health Professions Education: A Bridge to Quality*, recommended the development of evidenced-based curricula and teaching approaches. NCSBN studies on the practice of new nurses, their transition to practice, and employers' perceptions were cited by Dr. Spector as contributing to the database of nursing education outcomes that can be used to guide decision-making. Dr. Spector noted that "fifty percent of employers had indicated that new nurses were not competent."

In describing the *Elements Study*, Dr. Spector discussed the theoretical model used by noting that a number of factors directly or indirectly affect both new nurse perceptions about their academic preparation for clinical practice and their actual performance. These factors included the new nurse's attributes as a nursing student, the interaction between components of the nursing education program (e.g. faculty, curriculum), transition programs, characteristics of the practice setting, and the new nurse's competencies.

The study consisted of a two-tiered survey process for collecting and merging data. Separate surveys were constructed for mailing to U.S. nursing education programs and new nurses during the first 12 months of practice. In round one, 1,250 nursing education programs were surveyed. A return rate of 51% was achieved. In round two, 21,000 graduates of the selected programs were surveyed. A return rate of 45% was achieved. A total of 410 nursing education programs participated in round one, which focused on questions related to each program's curriculum, faculty, and didactic and clinical learning experiences.

In round two, a total of 7,497 new nurses provided demographic information and responded to questions related to how they *perceived* their academic preparation for clinical practice and their comfort in performing client care assignments. To inform their response, new nurse participants were asked to think about the client care they provided on the previous day.

Study results indicated many important findings. Nurses reported feeling adequately prepared in some areas and inadequately prepared in others. Other findings also indicated relationships between curricular elements and preparation, characteristics of faculty and characteristics of transition programs. Dr. Spector concluded with a discussion of the NCSBN's plans for research, which include nursing simulation, outcomes related to transition, and qualified faculty.



THE OREGON MODEL

Kathleen Potempa, D.N.Sc., R.N., FAAN

Dr. Kathleen Potempa brought the conference from a national focus to a local implementation model. Dr. Potempa's work in the development of the Oregon strategic plan to create a seamless system for nursing education served as the foundation for her presentation.

Dr. Potempa began by sharing the journey and the vision of the Oregon system. The rationale for the Oregon model was motivated by the stressors on the health care system, the increasing complexity of population needs, and the unprecedented shortage of nurses and faculty. The effort involved representatives from education, practice, the legislature, nursing, and grass roots public interest groups. The goals of this effort included:

- *Increasing access to and speed of progression in nursing education*
- *Providing seamless academic progression across consortium institutions*
- *Improving quality through standardized competencies and curriculum*
- *Leveraging and sharing training resources across programs*

By using a voluntary partnership among community colleges and universities, Oregon has been able to develop institutional agreements supporting dual enrollment, a common transcript, financial aid packages, common competencies in curriculum, and joint appointments of faculty across institutions.

“The members of the planning group had to consider themselves as a Board of Directors for nursing in Oregon and focus their responsibilities to patients in the state.”

Dr. Potempa described the process of coalition building to maximize success in achieving the identified goals. She stated “the members of the planning group had to consider themselves as a Board of Directors for nursing in Oregon and focus on their responsibilities to patients in the state.”

Dr. Potempa stated that in Oregon they recognized that even doubling enrollment would only minimally address Oregon's projected nursing shortage. Oregon additionally recognized the need to prepare nurses with substantially greater skills and a better understanding of the science base of the medical field in as an efficient and effective manner as possible.

Dr. Potempa went on to describe the 18 competencies that were originally developed in the areas of professional behavior, science, clinical setting, organization, and community.

The consortium has now refined the initial competencies down to 11. Students can begin their education at the community college level or at the university, but all students finish at the university, unless they opt-out with a bridge course to receive an Associate's in Science degree in Nursing. There is a single four-year curriculum, with upper division courses also being taught at the community college. While faculty vacancies remain a problem, Oregon has maximized their use of faculty by developing a successful model of sharing faculty across the system.

The outcomes of the Oregon model include a redesign of RN competencies, a statewide collaborative education model, the redesign of clinical education, and the development of a clinical immersion program. Dr. Potempa concluded by describing the keys to Oregon's success as belief in a collective vision, moving away from fear, and a desire for nursing to determine its own destiny.



LINKING CURRENT CONCEPTS IN COMPETENCY-BASED EDUCATION AND CRITICAL THINKING TO THE PRACTICE SETTING

Ellen Ceppetelli, M.S., R.N.

Ellen Ceppetelli's experience in both education and practice settings and her work in developing preceptor programs served as the "connector role" to conclude the first day of presentations. Ms. Ceppetelli set the stage for her presentation with a short lyrical description of the day's events.

In her formal presentation, Ms. Ceppetelli began with an overview of the Dartmouth-Hitchcock Medical Center (located in Lebanon, New Hampshire) model for transitioning new graduates into the practice setting. She described the Competency Outcome Performance Assessment (COPA) model that focuses on the competencies required for actual nursing practice and the most effective methods of assessing achievement of these competencies.

There are seven core practice competencies:

- *Nursing interventions and assessment*
- *Communications*
- *Critical thinking*
- *Humanistic caring relationships*
- *Teaching*
- *Management*
- *Leadership*
- *Knowledge integration*

In addition to these competencies, Ms. Ceppetelli described four elements of critical thinking: 1) attitudes and behaviors, 2) theoretical and experiential knowledge, 3) interpersonal skills and competencies and 4) technical skills and competencies. She then demonstrated how this framework has been incorporated into the Dartmouth Hitchcock Residency program and the Vermont Nurse Internship (VNIP) program. Both programs utilize simulation training to provide structured clinical scenarios to evaluate the development of competencies in new graduates. The VNIP program includes preceptor education to prepare staff to effectively support the new graduates. Utilizing the Benner

model for moving from novice to expert, the residency program also focuses on the development of effective communication skills utilizing a situational briefing model. This model, called SBAR asks the nurse to describe the Situation, Provide Background Information, and make an Assessment and Recommendation.

Since the initiation of this model, performance outcomes have demonstrated a consistent pattern of increased proficiency and confidence, and an improved ability of new graduates to “think on the fly” and effectively utilize resources to solve complex or difficult clinical situations. The program outcomes have also demonstrated that human patient simulation provides opportunities to assess not only performance and competence, but, more importantly, attitudes and behavior. As part of her presentation Ms. Ceppetelli shared the competence verification form and orientee competency checklist used by preceptors in the VNIP program.

Ms. Ceppetelli highlighted the 2003 Institute of Medicine Report that noted the future work of nurses to be in interdisciplinary teams. She described the nurse shadowing program for first-year medical students as a key methodology to improve the dialogue and role awareness between physicians and nurses. In concluding her remarks, Ms. Ceppetelli stressed that “we have only scratched the surface of what can be learned” by utilizing both simulation training and a residency model as methodologies to improve the competencies of future nurses.

DINNER CONVERSATION

Karen O. Moore, R.N., M.S., FACHE

Phyllis Beck Kritek, Ph.D., R.N., FAAN

During the evening dinner, Karen Moore led a conversation about the MONE’s Strategic Plan Breakthrough Strategy. She highlighted the work that had been done prior to the working session. This work included meaningful dialogue between leaders in education and practice to identify the common ground elements that served as the foundation for this *Creativity and Connections* working session. She said that MONE is committed to the establishment of a statewide platform for exemplary nursing practice and superior patient care by 2007. She noted that this goal will only be achieved by partnerships and collaborative efforts with education and all the stakeholders in healthcare.

Following this dialogue, Dr. Kritek entertained the group with some team-building exercises focused on building bridges among the participants. She concluded the evening by distributing a set of questions to guide the next day’s session. The questions were designed to serve as catalysts for stimulating creative and productive work during the final day working session.

Summary of Second Day Sessions

BRAINSTORMING CRITICAL QUESTIONS

Brainstorming sessions were the primary focus of the second day of the working session. Each brainstorming session focused on one of the following questions related to nursing education in Massachusetts:

- QUESTION 1** *What factors do we recognize as our common ground? What commitments and concerns do we have in common?*
- QUESTION 2** *What groundwork has already been completed? What work can we build upon in our efforts?*
- QUESTION 3** *What do we think are the competencies needed for the nurse of the future? What sources can provide guidance in answering this question?*
- QUESTION 4** *What are our options in how we measure the competencies of the nurse of the future? What sources can provide guidance in answering this question?*
- QUESTION 5** *What do we view as priority considerations in adopting an educational framework for nursing in Massachusetts that would demonstrate congruence with practice realities and ensure a unified statewide approach? What are the essentials of such a framework?*
- QUESTION 6** *What specific strategies will foster a continuing commitment to partnerships between nursing education and practice in Massachusetts?*
- QUESTION 7** *What factors are important to ensuring that our educational framework will facilitate an effective transition of nurses into practice? What programs or systems would best facilitate this transition?*
- QUESTION 8** *What are the next critical steps we need to take in order to revamp our educational framework?*
- a.** *What stakeholders do we need to actively involve in the process?*
 - b.** *What coalitions do we need to form?*
 - c.** *What political realities provide context for our tasks? What political opportunities and obstacles warrant our attention as we plan?*
 - d.** *What tasks do we need to do?*

In responding to each question, brainstorming participants freely offered ideas and recommendations; every idea was welcomed and innovation and free association was encouraged. At the suggestion of the group, an additional rule regarding inclusiveness was added to the standard brainstorming ground rules. Participants wanted to ensure that all segments of the nursing education and practice sectors were considered and represented in the discussion and brainstorming sessions. The group agreed that rather than separately listing each segment (e.g., associate, bachelor's, master's, and Ph.D. programs; acute, long-term, and home care settings), it would be assumed that all ideas and recommendations applied to all unless otherwise indicated.

IDENTIFYING PRIORITIES THROUGH WEIGHTED VOTING

The brainstorming sessions were followed by a weighted voting exercise in which participants were asked to vote for the three to six responses that they considered top

priorities for each question. As part of the weighted voting exercise, participants were also asked to cast one red vote for a response they thought was not a top priority for nursing at this time. Weighted voting was not used for questions 2, 3, and 4, since these questions were designed to identify resources and models that could be used to guide next steps. The group agreed that the resources elicited through these questions, although not exhaustive, represent a good beginning or “starter” set.

The following section presents the results of the brainstorming and weighted voting exercises. Each question, and the responses it generated, is listed separately. When weighted voting was used, the results of the voting process are also indicated. The number of favorable votes each response received is indicated by a “+” sign; the number of red votes is indicated by a “-” sign. In those cases, the three to five responses that received the highest number of favorable votes are identified as “Priority Responses.”

NEXT STEPS

At the end of the brainstorming sessions, the group addressed two final questions: 1) What tasks do we need to do next? and 2) What workgroups do we need? After reviewing the priorities identified through the brainstorming sessions, the group discussed a framework for addressing these priorities. The responses to these final questions appear below and at the end of this document.

This assessment led to the identification of a mission statement or goal that will guide the group’s future work: to establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies that include transitioning nurses into their practice settings.

To meet this charge, the group proposed the formation of four workgroups. The workgroups and principles to guide their efforts are listed below.

Workgroups:

- **Competency Identification Group:** *This group will identify competencies that should be addressed in a nursing curriculum and that nursing students should acquire before entering practice.*
- **Technology/Simulation Development Group:** *This group will identify opportunities for using technology, particularly simulation technology, to enhance the learning of student and novice nurses.*
- **Transition into Practice Committee:** *This group will develop recommendations regarding programs and mechanisms for supporting the transition of student nurses into practice settings.*
- **Steering Committee:** *This group’s charge includes monitoring the activity of the other workgroups, establishing mechanisms to assure effective communication across groups, attending to political considerations, and coalition building. The Steering Committee is also committed to assuring that the Commonwealth’s need for increased numbers of nursing faculty is addressed by the actions of the workgroups or other appropriate processes. The Steering Committee will include members of the workshop planning committee along with other representatives from nursing academia and the service and regulatory sectors.*

Principles:

- *Each work group will draw upon data sources recommended in questions 2, 3, and 4, as well as other sources as appropriate.*
- *Each group will include representatives from academia and practice and others with appropriate expertise. Group membership will represent the varied ages and generations that are engaged in nursing education and practice.*

Each group is responsible for developing mechanisms to evaluate outcomes of systems or programs they recommend.

Brainstorming and Weighted Voting Results

QUESTION 1 *What factors do we recognize as common ground? What commitments and concerns do we have in common?*

Priority Responses:

- **Level 1: Create a seamless progression through all levels of nursing education (+21, -0)**
- **Level 2: Increasing the number of qualified faculty (+16, -0)**
- **Level 3: Evidence-based program development (+13, -1)**

Other Responses:

- Building a competent workforce (+0, -0)
- Provide the appropriate healthcare for Massachusetts citizens (+4, -0)
- Build a more seamless education path (+4, -0)
- Retain competent faculty (+3, -0)
- Retain competent nursing staff in healthcare agencies (+1, -0)
- Concern about financial resources (+0, -4)
- Need for increased technological resources everywhere, private and public (+5, -0)
- Improved articulations between schools and institutions/agencies (+5, -0)
- Support transition to practice, wherever it is (+10, -0)
- Improve clinical setting as learning and socialization environment (+9, -0)
- Create method to nurture new grads (+11, -0)
- Creating quality nursing education programs (+1, -0)
- Faculty development (+3, -0)
- Preceptor development (+7, -0)
- Change in mechanism for licensure (+0, -10)
- Clearer delineation in levels of practice (+4, -0)
- Perceived regulatory barriers to innovative nursing curriculum (+5, -2)
- Evaluation methods (+5, -0)
- Patient safety (+2, -0)
- Parity of faculty and service salaries (+8, -6)
- Ensuring quality students (+4, -0)
- Create nursing curricula to prepare future nurses (+9, -0)
- Unified curriculum (+10, -4)
- Sharing of resources (+5, -0)
- Agreeing on guiding principles (+2, -1)
- Timely process (+1, -0)
- New models (+4, -0)
- Sharing of faculty (+0, -0)

QUESTION 2 *What groundwork has already been completed? What work can we build upon in our efforts?*

Responses:

- Existing accelerated tracks as models
- But Who Will Teach Them? – a report prepared for the Nursing Career Ladder Initiative (NUCLI)
- NUCLI initiatives
- Articulation agreements in place
- Board of Higher Education partnership survey report
- Board of Registration in Nursing statistics
- Existing Ph.D. programs that are in place and in development in Massachusetts
- Models in Oregon and other states
- Board of Nursing position/reports/tool/ statement on educational mobility
- AACN position paper on educational mobility
- Recent New York state legislation on entry into practice
- AONE guiding principles
- AACN essentials documents on educational preparation
- Papers and statements by the American Association of Community Health Educators and other specialties on educational preparation
- Websites of nursing education organizations
- IOM reports, including a report on competencies across health care disciplines

QUESTION 3 *What do we think are the competencies needed for the nurse of the future? What sources can provide guidance in answering this question?*

Responses:

- AONE guiding principles
- AACN
- Informatics competencies for nurses identified by Nancy Staggers, Ph.D., R.N., FAAN
- IOM
- Health promotion and prevention task force
- Oregon competencies
- National Council of State Boards of Nursing practice analysis
- International Society of Nursing and Genetics (ISONG)
- Work of Patricia Benner, R.N., Ph.D., FAAN, FRCN, including her new work on outcomes
- MONE breakthrough strategy
- NLN competencies, etc.
- National Council of State Boards of Nursing (NCSBN) competencies
- Vermont Nurses Internship Project (VNIP)

QUESTION 4 *What are our options in how we measure the competencies of the nurse of the future? What sources can provide guidance in answering this question?*

Responses:

- CAI evaluation tools
- Simulation evaluation tools
- Standardized patients
- Board of Higher Education statistical reports on schools
- State Board of Registration in Nursing
- Massachusetts government
- Workplace evaluations
- Casey-Fink graduate nurse experience survey
- Graduate and employee satisfaction surveys
- Patient satisfaction surveys (e.g., Press Ganey)
- JCAHO data
- National Quality Forum nurse-sensitive outcomes
- Benchmarking surveys (e.g., EBI)
- Magnet outcomes
- NCSBN program reports
- National sample
- Institute for Healthcare Improvement (IHI)
- MONE/MHA workforce survey

QUESTION 5 *What do we view as priority considerations in adopting an educational framework for nursing in Massachusetts that would demonstrate congruence with practice realities and ensure a unified statewide approach? What are the essentials of such a framework?*

Priority Responses:

- **Level 1: Sufficient consensus on competencies (+21, -0)**
- **Level 1: Assess Commonwealth's consumer demographics and practice settings for nurses (+19, -0)**
- **Level 2: Engagement of campus leadership (+17, -0)**
- **Level 2: Listing/analysis of existing pathways (+14, -1)**
- **Level 2: Engagement of practice leadership (+11, -0)**

Other Responses:

- Demographics of students and graduate sources in state (+1, -0)
- Refine and strengthen articulation system (+4, -0)
- Incentives for continuing formal education (+5, -0)
- Assessment of barriers, real and perceived (+2, -0)
- Existing curricula at all levels (inclusive) (+9, -0)
- Institutional tuition reimbursement policies (+2, -3)
- Faculty workload (+2, -1)
- Assessment of students' needs (+2, -1)
- Policies: transfer, admission, progressions (+8, -1)
- Gap analysis of student expectations and practice realities (+3, -8)
- Examine faculty governance realities at all sites (+2, -1)
- Examine all available financial resources (+0, -2)
- Identify potential grant opportunities (+3, -7)
- Explore financial resources in the practice setting and potential partnerships (+6, -0)
- Build political supports (+7, -0)
- Address cultural differences among schools (+2, -0)
- Address regional differences (+0, -1)

QUESTION 6 *What specific strategies will foster a continuing commitment to partnerships between nursing education and practice in Massachusetts?*

Priority Responses:

- **Level 1: Establish a formalized coalition (+18, -0)**
- **Level 2: Establish goals, objectives and timeline (+13, -0)**
- **Level 2: Publicize joint actions and programs (+11, -0)**
- **Level 2: Define formal communication vehicles (+10, -0)**

Other Responses:

- | | |
|---|---|
| • Regular meetings (+8, -0) | • Create more joint appointments (+3, -0) |
| • Focus groups (+0, -6) | • Highest quality food at meetings (+1, -2) |
| • Define and establish groups (+1, -0) | • Focus lobbying efforts (+0, -2) |
| • Outcomes (+2, -0) | • Align political stars (+0, -5) |
| • Create a website (+2, -0) | • Continue the synergy (+0, -0) |
| • Advisory committees (+0, -0) | • Embrace philosophy of open mindedness (+0, -0) |
| • Educate stakeholders (+1, -0) | • Suspend assumptions (+0, -0) |
| • Conferences on topics of shared interest (+2, -3) | • Don't be afraid of the "elephants [in the room]" (+3, -1) |
| • Determine best practices (+0, -0) | • Share the risk (+0, -0) |
| • Go on to/refer to Oregon website (+0, -0) | • Identify the risks of not proceeding (+6, -0) |
| • Each group has to make it a priority and hold themselves accountable (+2, -0) | • Celebrate successes (+1, -0) |
| • Clear definition of what's in it for participants (+6, -0) | • Planned timeline for success (+0, -0) |
| • Clearer understanding of trade-offs (+3, -0) | • Foster faculty practice (+2, -0) |
| • Enlarge pool of resources (+3, -0) | • Cloning (+0, -7) |
| • Maintain key personal relationships (+3, -0) | • Be inclusive (+0, -0) |
| • Mutual promotion in each other's networks (+2, -0) | |

QUESTION 7 *What factors are important to ensuring that our educational framework will facilitate an effective transition of nurses into practice? What programs or systems would best facilitate this transition?*

Priority Responses:

- **Level 1: Statewide nurse internship/preceptor program modeled on Vermont's program (+18, -0)**
- **Level 2: Regionalized simulation centers for use by both practice and academia (+11, -0)**
- **Level 2: Translate competencies into curriculum (+10, -0)**
- **Level 2: Review outcomes of other state models (e.g., VT, KY, NC) (+10, -0)**

Other Responses:

- Continued partnerships between service and education (+9, -0)
- Evaluative systems to ensure effectiveness (+0, -0)
- Using the Mass Center for Nursing as a vehicle for development of state-wide programs (+6, -2)
- Add transition into practice to the seamless progression concept (+2, -0)
- Consideration of University Health System Consortium (UHC) residency model (+6, -0)
- Patient simulation (+0, -0)
- Ensuring commitment at the staff level (i.e., do not eat the young) (+2, -0)
- Consideration of the coop education model (+4, -7)
- Formalize senior preceptorships that bridge service and academia (+3, -1)
- Preparing both students and nurses in practice to better utilize technology (+4, -1)
- Use a centralized student clinical placement model (+1, -8)
- Develop outcomes measures including cost effectiveness (+2, -0)
- Research to document what does and does not work (+3, -3)
- Feedback loop for regular review of outcomes by service and education (+1, -2)
- Development of an effective workplan (+9, -0)
- Mentorship program or model (+6, -0)

QUESTION 8a *What stakeholders do we need to actively involve in the process?*

Priority Responses:

- **Nursing faculty (+13, -0)**
- **Directors of schools of nursing (+12, -0)**
- **Nursing education departments in the service sector (+12, -0)**

Other Responses:

- Community college program directors (+1, -0)
- Consumers (+0, -0)
- Healthcare system administrative leaders (+4, -0)
- Recent graduates (+1, -0)
- Campus administrators (+3, -0)
- Labor unions (+0, -16)
- Students (+1, -0)
- Massachusetts Association of Registered Nurses (MARN) (+3, -0)
- Directors of LPN programs (+6, -0)
- Long-term care (+4, -0)
- Massachusetts Coalition of Community Health Centers (Mass League) (+0, -0)
- Massachusetts Hospital Association (MHA) (+0, -0)
- Ethnic and minority nursing associations in the state (+2, -0)
- Human resources (+0, -1)
- Massachusetts Healthcare Human Resources Association (+1, -0)
- Home care association (+2, -0)
- Certified nursing assistant representative (+0, -0)
- Department of workforce development (+0, -0)
- Staff nurse (+1, -0)
- Big insurers (+0, -7)
- Department of Public Health (DPH) (+0, -0)
- Funding sources for student tuition (+0, -0)
- State government (+1, -0)

QUESTION 8d *What tasks do we need to do next? What workgroups do we need?*

At the end of the brainstorming sessions, participants reviewed the priorities identified for each question. This assessment led to the identification of a mission statement or goal that will guide the group's future work:

To establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies that include transitioning nurses into their practice settings.

To meet this charge, the group proposed the formation of four workgroups. The workgroups and principles to guide their efforts are outlined on page 11 under "Next Steps."

Conference Speakers

Ellen B. Ceppetelli, M.S., R.N., is the Chair of Colby Sawyer College BS.N. Nursing Program and the Director of Nursing Education at Dartmouth-Hitchcock Medical Center where she is the Project Director of the CDC-funded Healthcare Worker Health Promotion Project. Ellen is also an Instructor in Family and Community Medicine at Dartmouth Medical School where she co-developed the *Shadow a Nurse* elective for first year medical students.

As an Assistant Professor and Senior Program Developer at the University of Vermont, Division of Continuing Education from 1996-2000, Ellen developed and produced teleconferences and independent videotape study modules, partnering with ANA on various topics. Ellen was a tenured faculty member of the RN-BSN Nursing Program at Norwich University for 14 years and the Assistant Director of the Vermont Nursing Initiative, part of the Strengthening Hospital Nursing Program sponsored by the Robert Wood Johnson Foundation/PEW Charitable Trust.

Ellen is a Visiting Scholar at the Harvard School of Public Health in Occupational and Environmental Health, Board member of the American Lung Association, and Board member and Vice President of the Nightingale Institute for Health and the Environment. She received her B.S.N. from the University of Massachusetts Amherst and her M.S. in Community Health Nursing from Boston College.

Phyllis Beck Kritek, Ph.D., R.N., FAAN, is an internationally known nurse scholar consulting to the nursing professions on conflict resolution, leadership, education, and research. Author of *Negotiating at an Uneven Table: Developing Moral Courage in Resolving Our Conflicts*, she was a professor and chair of psychosocial nursing and leadership development and the Florence Hall Distinguished Professor of Nursing at the University of Texas Medical Branch at Galveston School of Nursing, where she also served as the director of doctoral program development.

Phyllis previously held positions as director of the doctoral program in nursing and director of the Center for Nursing Research at the University of Wisconsin, Milwaukee, and dean of Marquette University School of Nursing. Phyllis received her B.S. degree in nursing from Marillac College and both her M.S. and Ph.D. degrees in nursing from the University of Illinois in Chicago.

Kathleen Potempa, D.N.Sc., R.N., FAAN, is Vice President and Dean of the Oregon Health & Science University (OHSU) School of Nursing with four campuses statewide. As Vice President and Dean of the School of Nursing, Kathleen is responsible for the research, education, and practice programs of the School of Nursing, is responsible for oversight of the professional development of nursing in the OHSU health system, and for the outreach programs in nursing statewide.

Kathleen served as President of the Oregon Nursing Leadership Council. The Council has been intensively working for over two years to develop an education plan to meet

its strategic goals of doubling enrollment in Oregon nursing programs by 2006 and redesigning nursing education to more directly meet the changing health care needs of Oregonians.

Kathleen has served on several American Association of Colleges of Nursing (AACN) committees and task forces and currently serves on the AACN Board of Directors. She is currently serving a five-year term to the National Advisory Council on Nurse Education and Practice. Kathleen earned a Doctor of Nursing Science (D.N.Sc.) and M.S. from Rush University, College of Nursing in Chicago, Illinois.

Nancy Spector, D.N.Sc., R.N., is Director of Education at the National Council of State Boards of Nursing (NCSBN), in Chicago, Illinois. NCSBN provides an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. As Director, Nancy consults as a resource on educational issues to the 60 boards of nursing in the United States and territories. Projects she is currently working on include the development of evidence-based elements of nursing education, leading to safe entry-level practitioners, and studying effective statewide programs that transition nurses from education to practice, involving educators, practitioners, and regulators.

Nancy has taught both undergraduate and graduate students in nursing programs for almost 20 years as an Assistant Professor in the Department of Medical/Surgical Nursing at Loyola University of Chicago and at DePaul University in Chicago. Nancy Spector received a B.S.N. from the University of Wisconsin, Madison, M.S.N. from University of California San Francisco, and D.N.Sc. from Rush University in Chicago, Illinois.

Pam Thompson, M.S., R.N., FAAN, Chief Executive Officer, American Organization of Nurse Executives (AONE), is responsible for the overall administrative operations of AONE, which represents over 5000 nurses in executive and leadership practice. AONE has offices in Washington, DC and Chicago, Illinois. Prior to joining AONE, Pam was Vice President for the Children's Hospital, Obstetrics, Psychiatric Services, and Strategic Planning at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire.

Long involved in state and national association work, Pam has served as president of the New Hampshire Organization of Nurse Executives and as a board member of AONE. Pam was the first nurse to be elected as Chairman, Board of Trustees of the New Hampshire Hospital Association. Pam also serves as Vice Chair of the Board of the National Patient Safety Foundation.

Pam earned her B.S.N. from the University of Connecticut and her M.S. from the University of Rochester. She is a Fellow of the American Academy of Nursing.

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Individuals represented the following organizations:

- BHE Massachusetts Board of Higher Education
- BORN Massachusetts Board of Registration in Nursing
- CCHD Community College Health Deans
- CCNE Commission on Collegiate Nursing Education
- MACN Massachusetts Association of Colleges of Nursing
- MARILN Massachusetts/Rhode Island League of Nursing
- MCN Massachusetts Center for Nursing
- MONE Massachusetts Organization of Nurse Executives
- NCSBN National Council of State Boards of Nursing
- NLNAC National League for Nursing Accrediting Commission

Planning Committee

PURPOSE

Creativity and Connections is a working session developed collaboratively by the Massachusetts Board of Higher Education and the Massachusetts Organization of Nurse Executives. The purpose of the working session is to bring together representatives of the Massachusetts Board of Registration in Nursing and nursing practice and education leadership of the state in order to identify the competencies needed for future nurses and to develop a plan for revamping the educational framework to insure a system of seamless progression through all levels of nursing education.

GOALS

The goals of the working session are to provide a sufficient number of well-prepared nurses by:

- *Developing a mutual understanding of the competencies needed for the nurse of the future and a methodology for measurement of these competencies.*
- *Identifying the action steps needed to:*
 - *Align nursing education curriculum with the nurse of the future competencies.*
 - *Develop a unified educational framework that allows a seamless progression through nursing education degrees within the state.*
- *Identifying the programs and systems needed to more effectively transition nurses into practice.*

Developing a plan for fostering continuing partnerships between nursing education and practice.

COMMITTEE MEMBERS

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